



Miami Tribe Of Oklahoma
Low Income Home Energy Assistance Program
LIHEAP
Page 1 of 3

MIAMI TRIBE USE ONLY

DATE received _____

TIME received _____

Application Number _____

INITIAL _____

Crises _____	Heating _____	Cooling _____	WX _____
This application has been: _____ approved _____ denied			
Reason: _____			
Signature: _____		Date: _____	

Applicant Name: _____

Applicant Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____

Phone: Home: _____ Work: _____ Message: _____

Tribe: _____ CDIB Card? Yes NO (circle one)

Persons in Household:

First/MI/Last Name	Social Security #	Relationship	Age	M/F	Disabled Y/N	CDIB Y/N

Monthly Net Income: (For all adult members of household 18 years or older.)

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1.) Name: _____ \$ _____ Source: _____
 2.) Name: _____ \$ _____ Source: _____
 3.) Name: _____ \$ _____ Source: _____
 4.) Name: _____ \$ _____ Source: _____

Total Household Monthly Net Income \$ _____ Total Yearly Income: \$ _____

Name	Employer's Name/Address	Employee Start Date	Employee End Date

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Home Energy Needs:

Are heating/cooling utilities included in rent? Yes No (circle one)

Identify Heating/Cooling Source _____ Wood _____ Propane

_____ Natural Gas/Account # _____

Electric Account #: _____

Other: _____

Venders Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name Utilities are currently in: _____

Have you received assistance in the last Year? Yes No (circle one)

If yes, what were the services? _____

From who did you receive them from _____ Date: _____

Are you receiving services from the State? Yes No (circle one)

Other Expenses: _____

How much money has your household received this month? \$ _____

How much money does your household expect to receive this month \$ _____

How much money do you have in checking/savings accounts? \$ _____

Do you presently stay in a shelter, halfway house, or temporarily in another person's home? Yes No (circle one)

Are you a migrant farm worker? Yes No (circle one)

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I declare that the information above is true and correct and that I will cooperate with Tribal and Federal officials should my application become part of quality control audit review. I understand that the LIHEAP programs is Federally funded and that the penalty for providing false information shall not be more than \$10,000.00 fine or not more than 4 years imprisonment or both. I hereby authorize Tribal representatives to make any necessary investigation of my financial condition or other information regarding my eligibility. I understand that I have a right to a fair hearing if I am not satisfied with the decision, action, or any unreasonable delay in a decision on my application. A request for a hearing must be submitted in writing to the Miami Tribal Office within 10 days of decision notification.

I declare under penalty of perjury that the foregoing information is true and correct (28 U.S.C. 1746).

Signature of Applicant Date

Signature of Spouse/Significant Other Date

Counselor Intake Signature Date

Executive Director Signature Date